



6
Dmt
4-29-02

| CERTIFICATE OF MAILING | | | |
|---|----------------------|--------------------|------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date. | | | |
| Typed or Printed Name | Susan M. Alessi | | |
| Signature | | Date | 04-01-2002 |
| SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT Address to: Commissioner for Patents Washington, D.C. 20231 | Attorney Docket | UCSF-129CIP | |
| | First Named Inventor | GERMAN, MICHAEL S. | |
| | Application Number | 09/817,360 | |
| | Confirmation No. | 2345 | |
| | Filing Date | March 20, 2001 | |
| | Group Art Unit | 4647-1635 | |
| | Examiner Name | Unassigned | |
| Title: "PRODUCTION OF PANCREATIC ISLET CELLS AND DELIVERY OF INSULIN" | | | |

RECEIVED
APR 16 2002
TECH CENTER 1600/2900

Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-SB/08A listing the references and copies of the cited references accompany this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

All of the references identified herein were disclosed in parent application serial number 09/535,145, filed 3/24/00 and as such, copies thereof are not included pursuant to the provisions of 37 CFR § 1.98(d).

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. § 102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815, Order No. UCSF-129CIP may be charged thereon.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Date: April 1, 2002

By:
JAMES S. KEDDIE
Registration No. 48,920

BOZICEVIC, FIELD & FRANCIS LLP
200 Middlefield Road, Suite 200
Menlo Park, CA 94025
Telephone: (650) 327-3400
Facsimile: (650) 327-3231



1647

Please type a plus sign (+) inside this box →

+

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------|---|---|---|---------------------------------------|-------------------------------------|---|--|---|--|--------------------------------------|-----------------------------------|--|--|---|--|--|---|---|--|--|----------------------------|--|---|--|---|--|--|---|--|--|--|--|--|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/817,360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | March 20, 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | GERMAN, MICHAEL S. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Group Art Unit | 1647 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | Unassigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket Number | UCSF-129CIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Number of Pages in This Submission | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td><input type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Assignment Papers (for an Application)</td><td><input type="checkbox"/> After Allowance Communication to Group</td></tr><tr><td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input type="checkbox"/> Amendment / Reply</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input type="checkbox"/> After Final</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input type="checkbox"/> Affidavits/declaration(s)</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td>1. Return Receipt Postcard</td></tr><tr><td><input checked="" type="checkbox"/> Information Disclosure Statement</td><td><input type="checkbox"/> Request for Refund</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Form/SB/08A</td><td><input type="checkbox"/> CD, Number of CD(s) _____</td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts/Incomplete Application</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td></td><td></td></tr></table> | | | | <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information | <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter | <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | 1. Return Receipt Postcard | <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | | <input checked="" type="checkbox"/> Form/SB/08A | <input type="checkbox"/> CD, Number of CD(s) _____ | | <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | | <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | 1. Return Receipt Postcard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Form/SB/08A | <input type="checkbox"/> CD, Number of CD(s) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firm or Individual Name | JAMES S. KEDDIE, Reg. No. 48,920 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | April 1, 2002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RECEIVED
APR 16 2002
TECH CENTER 1600/2900

| | | | |
|---|-----------------|------|---------------|
| CERTIFICATE OF MAILING | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 1, 2002. | | | |
| Typed or printed name | Susan M. Alessi | | |
| Signature | | Date | April 1, 2002 |

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.